



**DEPARTMENT OF HUMAN SERVICES**  
**SENIORS & PEOPLE WITH DISABILITIES**  
**500 Summer Street NE E02**  
**Salem, Oregon 97301-1073**  
**Phone: (503) 945-5811**

**AUTHORIZED BY:** \_\_\_\_\_

**SPD Assistant Director/  
Deputy Assistant Director**

**EXECUTIVE LETTER**

**SPD-EL-03-003**

**Date: January 10, 2003**

**TO:** Area Agency on Aging Directors CHS SDA Managers  
CHS/AAA Field Managers and Staff CHS SDA Assistant Managers  
SPD Managers & Staff CHS Central Office Managers

**SUBJECT:** Elimination of Survival Priority Levels 15 through 17

**ADMINISTRATIVE RULE REFERENCE:**

Topic: NF, In-Home and Community-based Service Eligibility  
Rule Number: OAR 411-015-0015, OAR 411-030-0040,  
OAR 411-030-0080

Filing Instructions: N/A

**PURPOSE:**

- ☒ Transmits new or amended Administrative Rule;
- ☒ Interprets Administrative Rule;
- ☒ Establishes procedures related to Administrative Rule;
- ☒ Replaces existing procedures or interpretation;
- ☐ Deletes Administrative Rule.

**GROUND TRUTHED:** \_\_\_\_ Yes \_\_\_\_ No

**EFFECTIVE DATE:** 02/01/03 **EXPIRATION DATE:** N/A

**DATE SENT FOR COMMENTS TO DIRECTORS AND MANAGERS:** 1/8/03

**CONTACT:** Naomi Steenson, Case Mgmt. Prog.  
**E-MAIL:** naomi.r.steenson@state.or.us

**PHONE:** (503) 945-6414  
**FAX:** (503) 373-7902

**CONTACT:** Jeff Miller, Medicaid Program  
**E-MAIL:** jeffery.r.miller@state.or.us

**PHONE:** (503)945-6410  
**FAX:** (503)373-7902

**DISCUSSION:** Due to Oregon's critical budget deficits, eligibility for nursing facility services or waived in-home and community based care services for elderly and adults with physical disabilities is changing. **The first program change is the elimination of services for those in survival priority levels 15 through 17, effective February 1, 2003.**

### **SURVIVAL PRIORITY LEVEL ELIGIBILITY:**

The service cuts are:

- Effective February 1, 2003, all clients in survival priorities 15-17, will no longer be eligible for long-term care or waiver services.
- Some of these affected clients may be eligible for State Plan Personal Care services as described in OAR 411, Division 34 (up to twenty hours per month). Since the Personal Care program has distinct eligibility criteria, there will be a forthcoming transmittal clarifying who is eligible for Personal Care services.
- Effective February 1, 2003, all individuals initially requesting services, who are assessed on CA/PS as meeting survival priority levels 15-17, will not be eligible to receive services. Only the clients who are assessed as meeting survival priority levels 1-14 will be eligible to receive services.

There is a second phase of service cuts planned. A separate Executive Letter describing these program cuts will be sent out to the field in February, 2003.

### **How does this affect current service clients?**

- For clients at survival priority levels 15-17, who are currently receiving long term care services, their service cases must be closed by **January 31, 2003**. This includes Spousal Pay or Independent Choices program clients who are in levels 15-17.
- This closure deadline applies to all clients in survival priority levels 15-17 regardless of their income levels or living situations.
- Medical benefits will continue through February 28, 2003. Before the end date, all clients whose income exceeds the OSIPM standard (\$552 for an individual) are required to have their financial eligibility redetermined for other medical programs, such as OHP, QMB, etc. This must occur before closing any CMS case.

## **What about clients whose assessment may not accurately reflect their current survival priority level?**

- All clients must have a current CA/PS assessment.
- Any clients due for an assessment, or whose assessment may not correctly reflect their present condition and care needs, should be triaged by the local office staff, based on the frailty and vulnerability of clients losing services.
- For clients with current assessments, whose conditions have changed significantly, the office might consider a targeted assessment. Guidelines for conducting targeted assessments are attached to this transmittal. When conducting these targeted assessments, do not change the current reassessment date listed on CA/PS as this is not considered to be a thorough assessment.

## **What about GA, OHP, and TANF clients?**

- GA - Effective January 31, 2003, the General Assistance (GA) program is closing . Although affected clients will no longer receive the GA cash grant, those who meet survival priority levels 1-14 may continue receiving services under Medicaid. However, GA clients residing in community-based care settings will not have their monthly room and board fees paid by the state. These clients must find some other resource to make those payments.
- OHP - Effective February 1, 2003, Oregon Health Plan clients who have received waived services to prevent nursing facility placement will no longer be eligible. They may be eligible to receive services through the State Plan on Personal Care.
- TANF - TANF recipients, who meet the service eligibility criteria and the CA/PS assessment calculates them within survival priority levels 1-14, will continue to be eligible for services.

## **HEARINGS:**

- Upon receipt of notice regarding termination of services, clients have a right to request a hearing. All service-related hearing requests are to be sent directly to Central Office in Salem.
- If hearing requests are based solely on the client's termination of services due to the program changes, they will be dismissed. These clients also will not be eligible to receive aid paid pending.
- Clients can request a hearing if they believe they were incorrectly assessed or assert their care needs meet a lower survival priority level. These clients may be eligible for aid paid pending the hearing, if they request a hearing by January 31, 2003.

- Central Office will make all determinations of who is eligible to receive aid paid pending their hearing and will notify the local offices of these decisions. All hearing requests will be evaluated on a case-by-case basis by Central Office program staff.
- These individuals, who request a hearing to challenge their current assessment, should be reassessed as quickly as possible. If the reassessment shows the client as meeting levels 1-14, they can then withdraw from the hearing and remain on services. If the reassessment shows the client within levels 15-17, and they still disagree, they may continue with their hearing process.
- Any individuals in levels 15-17 who are reassessed as meeting survival priority levels 10-14 should be informed that they may soon be given notice of services ending in the pending April 1, 2003 survival priority level cuts.
- Send hearing requests to:

Zarie Haverkate  
500 Summer St. NE E19  
Salem, OR 97301-1075  
Fax: (503) 947-5044

**LOCAL ACTION REQUIRED:** Begin closure planning for clients losing services according to the listed schedules. Redetermine clients over the SSI income level for eligibility in other medical programs (OHP, QMB, etc.). Service reassessments are not required unless requested by those clients in survival priorities 15-17 who believe they belong in another survival priority level. Any cases in which the current assessment may not be accurate or the client's condition has changed should be triaged by the local office for reassessment. Make efforts to identify any possible supports or resources for the clients who are certain to lose services.

**CENTRAL OFFICE ACTION REQUIRED:** Send client and provider notices informing them of program reductions. Receive hearing requests from the field. Determine whether cases are hearable. If not, issue final order.

**TRAINING EXPECTATIONS:** Netcast to be scheduled in January, 2003.

**Attachments:**

- #1 - Service Eligibility Targeted Assessment Guidelines
- #2 - Client Notices (a) and (b)
- #3 - OAR 411-015-0015

## **SERVICE ELIGIBILITY TARGETED REASSESSMENT**

### **Guidelines for Case Managers Conducting a Targeted Review**

- Be as accurate as possible in assessing the client
- Assess the client's limitations and capacities as to how they would function without a support system
- The purpose of the assessment is to determine service eligibility - not service planning

### **Targeted Questions to Prioritize Expedited Service Reviews**

- What has changed? (New diagnosis? Recent hospitalization? Deterioration of current condition?)
- Have service needs increased? Were needs not previously captured on the CA/PS?
- Focus on the targeted need levels that drive the CA/PS algorithms
  - ▶ Eating - act of eating, not meal preparation
  - ▶ Cognition/Behavior - 8 components

Note - Regarding cognition factors, persons under age 65 whose primary diagnosis is mental illness or a developmental disability are not eligible for home and community-based services under the aged and physically disabled waiver.

- ▶ Elimination - 3 components
- ▶ Mobility – Ambulation (assist type) and Transfer

### **The Targeted Reassessment Process**

- Conducting the Reassessment
  - Face-to-face whenever possible
  - By phone, if necessary
  - Get accurate, credible information from client, caregivers, doctor and other medical service providers, family, etc.
  
- Open the current CA/PS assessment
  - Consider targeted question responses
  - Review the targeted need levels
  - Evaluate if CA/PS needs update or corrections – if not, narrate how, when, and where review took place, including pertinent details and outcome of review
  
- If changes are noted and needed on the CA/PS
  - Copy and create current assessment
  - Enter changes
  - Change the end date to same date as listed in the current assessment
  - Move this reassessment into current
  - Narrate details of why, how, when and where reassessment took place, including pertinent details and outcome of review

15-17 under SSI

**DRAFT**

## NOTICE OF TERMINATION OF BENEFITS

Date

Address

Dear (name):

This notice is about an important change. You have been receiving services in your home or in a residential setting such as an Adult Foster Home, a Residential Care Facility, an Assisted Living Facility or a Nursing Facility. You have been eligible to receive these services because an assessment by a case manager determined that you need either minimal assistance in mobility or assistance in bathing or dressing. Based on that need, your service priority level was determined to be between 15 and 17. We are sorry to tell you that your services will end on January 31, 2003. Your care provider will not be paid for services after that date.

The reason for this change is that the program that provides Medicaid services for service levels 15 through 17 will end January 31, 2003. The State of Oregon does not have sufficient money to continue to fund the program that provides the services you are receiving. This change affects many people in Oregon.

We cannot grant a hearing over the termination of service priority levels 15 through 17. However, you have a right to a hearing if you disagree with your service level assessment. This assessment is what determined you were in service levels 15 through 17. It may be possible to continue your services until a decision is reached on your hearing. On the back of this form, Part 1 tells you how to request a hearing and Part 2 tells about continuing your benefits.

Your eligibility for a medical card will not be affected by this change.

Your case manager will be able to answer any questions you may have and to discuss any other services that may be available for you.

This notice is based on Oregon Administrative Rules 411-015-0000 through 411-015-0015 and 411-030-0002 through 411-030-0080, and on 42 CFR 431.220(b).

15-17 over SSI

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Because your services are ending, your eligibility for a medical card may change. You will receive a separate notice that explains those changes.

Your case manager will be able to answer any questions you may have and to discuss any other services that may be available for you.

This notice is based on Oregon Administrative Rules 411-015-0000 through 411-015-0015 and 411-030-0002 through 411-030-0080, and on 42 CFR 431.220(b).



**411-015-0015** (*Effective 2/01/03*)

**Current Limitations**

The Department has the authority to establish by Administrative Rule the priority level within which to manage its limited resources. The Department is currently able to serve:

- (1) Persons determined eligible for OSIPM or TANF if they are assessed as meeting at least one of the priority levels (1) through (14) of OAR 411-015-0010.
- (2) Persons eligible for Oregon Project Independence funded services if they meet at least one of the priority levels (1) through (18) of OAR 411-015-0010.
- (3) Persons needing Risk Intervention Services in areas designated to provide such services. Persons with the greatest priority under OAR 411-015-0010 will be served first.
- (4)(a) Persons sixty-five years of age or older having a primary diagnosis of mental illness or developmental disability are eligible for nursing facility and community based care services if they meet Sections (1), (2), or (3) of this rule and are not in need of specialized mental health treatment services or other specialized Department residential program intervention as identified through the PASARR or mental health assessment process.
- (b) Persons under sixty-five years of age having a primary diagnosis of mental illness or developmental disability are not eligible for Department nursing facility services unless determined appropriate through the PASARR process.
- (c) Persons under sixty-five years of age whose primary diagnosis and primary need for service is due to mental illness or developmental disability are not eligible for Title XIX Home and Community Based Care Waivered Services paid for under the Department's 1915(c) Waiver.

**Stat. Auth.: ORS 410.060, 410.070 & ORS 411 and Stats. Implemented:  
ORS 410.070**